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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 32 Missoula 0583 Missoula Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 1 2428 No McLendon, Kristen & Philip 0.25

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
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Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0595 Clinton Elem 32 Missoula Elementary Contract District Daily # of Days Transported # Shared Family's Name Rate 32 1028 No Charles, Michelle 2.30 Beckhus, Virginia 32 1029 No 1.85 32 1030 No Davidson, Shaina 1.80 32 1031 Wheeler, Kurtis & Kerry No 8.75 32 1032 Yarrow, Heather No 2.60 32 1033 No Collins, Dave & Mandi 4.50 32 1034 Roske, Sally No 4.00 32 1035 Lackner, Julie & Dennis 0.25 No 32 1945 Novak, Dick No 2.75

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Gurzynski, Becky

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